

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036846

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 211

FILED SEP 23 1963

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE		c. CITY OR TOWN CHILLICOTHE	
Length of stay in 1b 5 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL		d. STREET ADDRESS (If outside, give location) 61 WILSON ST.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First BILLY	Middle LEE	Last SIZEMORE	4. DATE OF DEATH Month SEPTEMBER Day 16 Year 1963
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/21/1932	9. AGE (last birthday) 30	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CITY POLICEMAN	10b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	11. BIRTHPLACE (City and state or country) LINDLEY, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN A. SIZEMORE	13b. MOTHER'S MAIDEN NAME LEONA ROBERTS	14. NAME OF HUSBAND OR WIFE LAVETA ROSSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1952---1960	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT MRS. LAVETA SIZEMORE	Address 61 Wilson St. Chillicothe, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock and Internal Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rupture of Pulmonary Vessels in Lungs DUE TO (c) Traumatic injury to Thoracic Cage		INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 3 hrs. 3 hrs.
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Multiple Injuries	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident
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20c. TIME OF INJURY Hour 5:30 a.m. Month, Day, Year 9-16-63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street Washington	20f. CITY, TOWN, OR LOCATION Chillicothe	COUNTY Livingston	STATE MO.
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from 1959 to 1963 and last saw him alive on 9-16-63
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21. Death occurred at 8:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J.B. Webber Sr.	22b. ADDRESS 901 Jackson Chillicothe Mo.	22c. DATE SIGNED 9-17-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/18/63	23c. NAME OF CEMETERY OR CREMATORY LINDLEY CEMETERY	23d. LOCATION (City, town, or county) LINDLEY, MISSOURI
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24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: CHILLICOTHE, MO.	25. DATE RECD. BY LOCAL REG. Sept. 18, 1963	26. REGISTRAR'S SIGNATURE Annalee Taylor
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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SEP 26 1963

SEP 26 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

DR. WEBBER